

<div style="display: flex; justify-content: space-between;"><div>0002/PTO(modified) Rev. 10/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div>		<b>Complete if Known</b> <b>RECEIVED</b>																																																																																																																																			
<b>FEE TRANSMITTAL</b>  <b>TOTAL AMOUNT OF PAYMENT</b>  Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$1,281.00)</b>		Application Number	08/659,949																																																																																																																																		
		Filing Date	June 7, 1996																																																																																																																																		
		First Named Inventor	Lester F. Ludwig																																																																																																																																		
		Group Art Unit	2756																																																																																																																																		
		Examiner Name	D. Dinh																																																																																																																																		
		Attorney Docket Number	COLB-001/11US																																																																																																																																		
<div style="display: flex;"><div style="width:40%;"><b>METHOD OF PAYMENT</b>  <b>1. The Commissioner is hereby authorized to:</b>  <input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.  <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 or credit any over payments to the below mentioned deposit account.<sup>1</sup>  <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.  Deposit Account Number: 03-3117 Deposit Account Name: COOLEY GODWARD LLP  A Duplicate Copy of this authorization is attached  <b>2. <input type="checkbox"/> Payment Enclosed:</b>     <input type="checkbox"/> Check    <input type="checkbox"/> Other</div></div>				Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due	105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>	127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>	147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>	115/\$110	215/\$55	Extension for response within first month <sup>1</sup>	<input type="text"/>	116/\$400	216/\$200	Extension for response within second month <sup>1</sup>	<input type="text"/>	117/\$950	217/\$475	Extension for response within third month <sup>1</sup>	<b>475</b>	118/\$1,510	218/\$755	Extension for response within fourth month <sup>1</sup>	<input type="text"/>	128/\$2,060	228/\$1,030	Extension for response within fifth month <sup>1</sup>	<input type="text"/>	119/\$310	219/\$155	Notice of Appeal	<input type="text"/>	141/\$1,320	241/\$660	Petition to revive unintentionally abandoned application	<input type="text"/>	142/\$1,320	242/\$660	Utility Issue Fee (Or Reissue)	<input type="text"/>	143/\$450	243/\$225	Design Issue Fee	<input type="text"/>	122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>	123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>	126/\$240	126/\$240	Submission of Information Disclosure Statement	<input type="text"/>	581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>	146/\$790	246/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>	149/\$790	249/\$395	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>	Other fee (specify):		<input type="text"/>		Other fee (specify):		<input type="text"/>		<b>SUBTOTAL (3)</b>			<b>(\$475.00)</b>	Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due	101/\$790	201/\$395	Utility Filing	<b>395</b>	106/\$330	206/\$165	Design Filing	<input type="text"/>	108/\$790	208/\$395	Reissue Filing	<input type="text"/>	114/\$150	214/\$75	Provisional Filing	<input type="text"/>	<b>SUBTOTAL (1)</b>			<b>(\$395.00)</b>	Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	103/\$22	203/\$11	Claims in excess of 20	102/\$82	202/\$41	Independent claims in excess of 3	104/\$270	204/\$135	Multiple dependent claim	109/\$82	209/\$41	Reissue independent claims over original patent	110/\$22	210/\$11	Reissue claims in excess of 20 and over original patent
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<sup>1</sup> Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(e))	35	-20 =	15	x \$ 11.00 =	\$165.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	9	-3 =	6	x \$ 41.00 =	246.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	0.00
				BASIC FEE (37 CFR 1.16(a))	395.00
Total of above Calculations =					806.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
TOTAL =					806.00

## 6. Small entity status:

- a. ☐ A small entity statement is enclosed.  
 b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
 c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03 - 3117:

- a. ☒ Fees required under 37 CFR 1.16.  
 b. ☒ Fees required under 37 CFR 1.17.  
 c. ☐ Fees required under 37 CFR 1.18.

8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.9. ☒ Other: Petition for 3-Month Extension of Time

Fee Transmittal (x2)

**NOTE:**

The prior application's correspondence address will carry over to this CPA  
 UNLESS a new correspondence address is provided below.

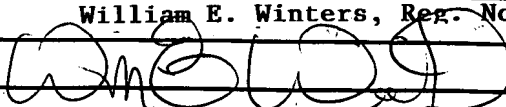
## 10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
COUNTRY	TELEPHONE	FAX			

## 11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	William E. Winters, Reg. No. 42,232
SIGNATURE	
DATE	September 10, 1998